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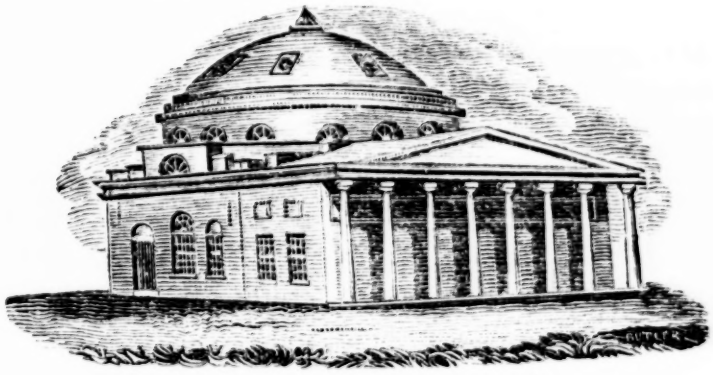
EDITED BY
N. R. SMITH, M. D.
PROFESSOR OF SURGERY IN THE UNIVERSITY OF MARYLAND,
ASSISTED BY AN
Association of Physicians and Surgeons.

For many fortunate discoveries in Medicine; and for the detection of numerous errors, the world is indebted to the rapid circulation of *Monthly* Journals.—*Rush.*



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Prospectus.

It has been often a subject of censorious remark that, while most of the important cities of our country are each provided with some periodical record of medical facts, the Profession of Baltimore should be destitute of such an important auxiliary.—Every populous community, and especially one which possesses its dispensaries, its infirmaries, and a medical school, presents a wide field for the observation of those facts from which principles and precepts are deduced. Almost every day, events transpire which are worthy of a place in the archives of science—data which may indeed materially conduce to the advancement and perfection of our art. Unless such facts be recorded, they perish with the memory of those who may have witnessed them. They fall to the earth, like the rich fruits of a tropical forest, where there is no hand to pluck them.*

It may indeed be said that already there are in our country many channels through which such information may be conveyed to the profession, and journals amply sufficient to record all important facts. Yet such information, we very well know, will not spontaneously flow into these channels. It must be accumu-

* When this prospectus was first penned the writer had no knowledge of any other similar work being contemplated in this city.

lated by those under whose observation the facts occur, and who have an interest in their publication.

In the city of Baltimore, at the present time, every thing which industry, enterprise, and public spirit can advance seems to be receiving a new and powerful impulse. The electric spirit of improvement pervades every department of our community.—Why then should the literature of our profession languish among us, and we be dependent upon others for a medium through which to address the medical public?

It is known to many of our professional brethren, that the enterprise which we now publicly announce has for some time been in contemplation. We were unwilling, however, to pledge ourselves for its accomplishment, till there should be obtained some satisfactory assurance of success through the aid of our professional brethren. That assurance we think we have obtained, and shall now enter upon our assumed duties, confident in the aid, good wishes, and patronage of a large portion of the medical community. We present ourselves, indeed, but as the organ of the profession, and are pledged to subserve its interests by an impartial and liberal discharge of our duties, without regard to pecuniary interest, or self-advancement, other than that which may spring from such reputation as a just community shall award to our labours.

We, therefore, call upon our professional brethren for their approbation of our enterprise, their aid in our labours, and their indulgence in relation to our faults. We especially appeal to the alumni and pupils of the University of Maryland to render their support to an undertaking which, if successfully accomplished, cannot fail to further the strenuous efforts that are now being made to elevate the character of their Alma Mater.

We design that our work shall be, not only a record of such facts as may occur within our sphere of observation, but a concise abstract of all recent and important information with which the progress of science may present us. For this purpose we are now receiving all the valuable foreign journals, and shall al-

so be regularly furnished with all new and valuable medical works. These we shall analyse with the utmost care in order to present our readers with the useful part of their contents in as brief a space as possible. Our ambition will be, thus to enable our readers to keep pace with the progress of the most progressive and mutable of all sciences.

Our plan will comprise four departments:

I. Original Essays.

II. Analytical Reviews.

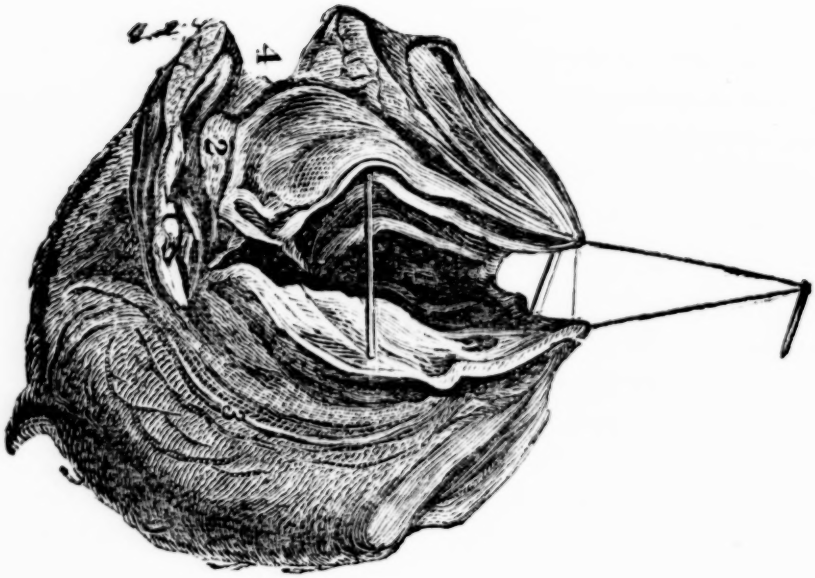
III. Adversaria, or brief articles of original intelligence.

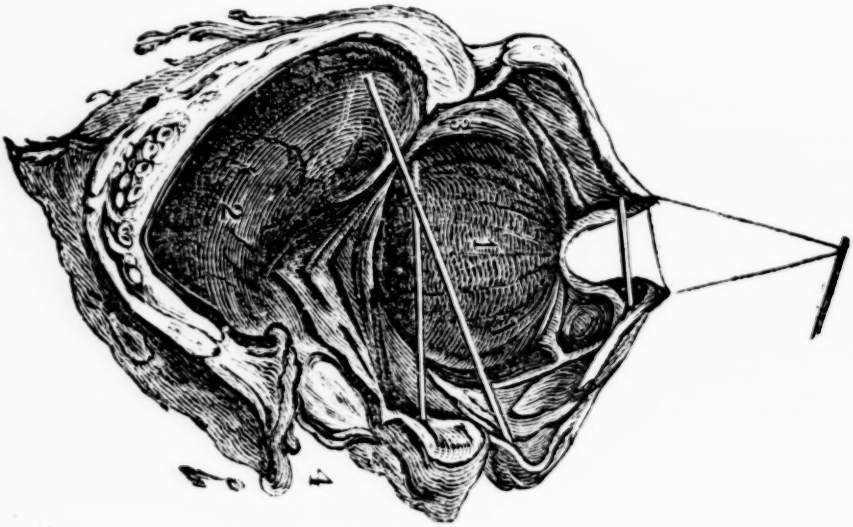
IV. Monthly Summary of foreign and domestic intelligence.

While we recognise this arrangement, however, every department may not, for obvious reasons, be found in each number.

We have chosen the monthly form, knowing it to be far the most popular, best calculated to cherish a spirit of enquiry, and that which is most faithfully read.

The present number is a specimen of its form and execution. The number of pages will be increased as the patronage of the work extends. Terms $3 a year, if paid on the delivery of the first or second number—$4 if at the end of the year.





Original Essays.

ART. I.—*Hernia radically cured by an operation in which it became necessary to extirpate the hernial sack and the testis, by N. R. Smith, M. D. Professor of Surgery in the University of Maryland.*

ON the 1st of March last, Andrew Ferree was received into the Baltimore Infirmary to be treated for irreducible hernia. He had been afflicted with hernia from boyhood, but I have been unable to learn whether the case was distinguished by any thing remarkable at its first occurrence. It gave him but little annoyance till adult age, when (at what period precisely I cannot ascertain) the tumour became so troublesome and painful that he sought surgical advice, and was directed to use a truss. Being a mechanic, he undertook to contrive and adjust an instrument for himself.

The truss which he made was of course very imperfect and very rude in its operation, although it gave some degree of mechanical support to the parts, and enabled him to continue, though with suffering, his laborious occupation. Occasionally the hernia was protruded, and the difficulty of returning it seemed to increase. At last he found that, even when he had succeeded in returning what seemed to be protruded from the belly, there remained a degree of tumefaction and hardness in the scrotum and along the cord. This, however, gave him but little inconvenience, when he could completely succeed in returning the bowel and retaining it; but he found that the difficulty of effecting the reduction still increased, as did also the external tumour which seemed to cause the impediment.

It appeared subsequently, on the dissection of the tumour, that this external disease consisted of an enlargement of the cord and testicle, and an extreme thickening of the herniary sack, though for reasons which are by-and-by to be stated, this could not be very satisfactorily ascertained before the operation.

Some few weeks before he came under my observation, the bowel became strangulated, and he found it necessary to seek surgical aid. Dr. Worthington, an intelligent physician of Ann Arundel, was called in, and with some difficulty succeeded in effecting the reduction of the reducible part of the tumour.

He then resumed his labors, but, soon after, the bowel became again protruded and he found it impossible to return it. At intervals also there occurred signs of strangulation. Dr. W. was again called, but his attempts to effect the reduction were not so successful as before. The protruded viscus was evidently in some degree constricted, and the tumour of the adjacent parts had now become so great that it was impossible to employ the taxis with advantage.

Having used, without success, the means usually resorted to in such cases, and the patient remaining in a critical situation, Dr. W. sent him to the Baltimore Infirmary and placed him under my care. I found the tumour, at this time, to be nearly of the size of an infant's head. Its form was almost spherical, and the upper part of it was firmly pressed against the abdominal ring. Near the upper part, and anteriorly, there seemed to be a small tumour implanted upon the larger one of about the size of the testicle. This was soft and elastic—more so than the testicle ordinarily is, yet from its form, size, and situation, we judged it to be this organ. The rest of the tumour was very hard and unyielding. It was impossible, by pressure, to alter its form, in any considerable degree. The inferior part of it was less hard than the anterior. It was very obvious that there was something very unusual in the morbid alterations which had taken place. We could discover nothing which, by its form and its elasticity, appeared to be a portion of intestine, nor any thing possessing the doughy feel of the omentum.

Occasionally the bowel seemed to become constricted, the passage of its contents was interrupted, and slight symptoms of strangulation supervened—the pulse being frequent, the belly painful, and the stomach nauseated. These symptoms would yield however to mild cathartics, horizontal posture, and fomentations, and the intestines would resume their functions.

The case was seen by Professors Potter, Hall, and Baker, in consultation with myself, and we resolved to relax the system by the abstraction of blood, rigid abstinence, and cathartics, hoping thus to be enabled to reduce the tumour by the taxis. We also directed the employment of evaporating refrigerant lotions. These endeavours were ineffectual, though carried as far as prudence would permit. The patient, after having remained in the house for two weeks, was by no means in a condition to leave it with safety. Besides that he was totally disqualified by the magnitude of the tumour for any laborious occupation, he was in perpetual jeopardy from the occasional occurrence of slight symptoms of strangulation.

My colleagues and myself, therefore, resolved that an operation should be performed, the extent and object of which should be governed by what might be ascertained, in relation to the character of the tumour, on making a free incision.

In presence of the above advisers, and other medical gentlemen, I commenced the operation by making the usual incision from a little above the external ring to the lower part of the scrotum. On carefully deepening this, I found that the whole tumour was invested by very dense and voluminous laminæ of cellular tissue. As I cautiously incised these I could discern no fibres of the cremaster, but thought, from the thickness of this investment, that I might perhaps be dividing that muscle. I endeavoured to lift the laminæ of tissue, and to divide them successively by inserting the director beneath them—but this I found impossible.

At length, as I proceeded with the knife, there occurred suddenly a copious gush of serous fluid. I then presumed that I had entered the cavity of the herniary sack, the external invest-

ments being less distinguishable than usual. To my surprise and perplexity, however, I found that I could not insinuate my finger into the supposed sack, in consequence of its strong adhesions, by cellular bands, to its contents. The contents, as far as they could then be examined, were evidently not intestines but presented a rough surface, a firm feel, and spherical form. The size of the tumour, by the discharge of the water, was but little diminished. From the partial examination which we were then enabled to make, we conjectured that the mass within must be a portion of omentum which, in consequence of inflammation, had established numerous connexions with surrounding parts. These I therefore determined to break up as far as I could. This with some difficulty I accomplished, using the handle of the knife and the finger alternately.

It was impossible, however, to pass the finger up to the ring, and I soon discovered that we had not yet reached the interior of the sack. Nor did the anterior part of the tumour, now exposed, present the appearance of the cremaster muscle, or peritoneal covering. I examined every part of its surface with the utmost care, and at length discovered a distinct fluctuation near the middle and anterior part of the tumour. After some hesitation I determined to enter this cavity with the knife. I did so, and from this also there escaped a considerable quantity of fluid, leaving an excavation of a triangular shape, broad at the surface, and narrow at the bottom. The walls of this cavity were as firm as other parts of the tumour, nor in it could we touch any portion of a protruded bowel, or approach the abdominal ring. The cavity was more than an inch deep. Here we were again exceedingly perplexed. I then took a strong steel director and pushed it in various directions against the walls of this excavation, in order to ascertain their strength and thickness. At length, on the mesial side of the tumour, I pushed the instrument into a deeper cavity, situated directly behind the triangular space. I could then feel the point of the director, within the upper and inner part of the tumour. I therefore elevated the

walls of the cavity on the point of the instrument, and cut down upon it. This was done on the inner side of the tumour.

I of course then had a considerable portion of the walls of the tumour, on the inner side, raised on the shaft of the instrument. Turning the groove of the director towards the inside, I seized a narrow bistoury, and gliding it along the groove, divided the elevated portion of the walls. Then immediately I found that I had opened the herniary sack, and that my finger was in contact with a protruded portion of intestine. The walls of the tumour, being at least the third of an inch in thickness, and very rigid, of course did not retract from the intestine. I had no difficulty, however, in passing my finger up to the ring, dilating the stricture, and returning the bowel. The true herniary sack was small, compared with the size of the tumour, and the knuckle of intestine contained in it was not large. The large portion of the tumour which was above the triangular cavity, and above and before the herniary sack, consisted of the testicle and tunica vaginalis, much diseased. At the upper and anterior part of the testicle the tunica vaginalis seemed adherent to the tunica albuginea, beneath which, at this place, the testicle was the seat of a soft sarcomatous growth, which had distended the albuginea and produced the circumscribed soft tumour, felt before the operation, and which was supposed to be the testicle.

That part of the tunica vaginalis, which enveloped the lower part of the testicle, was distended with water, and formed a hydrocele, the walls of which were extremely thick, and which formed a large part of the mass of the tumour.

When I had returned the protruded bowel, I found that the sack, together with the testicle and diseased tunica, formed a pendulous mass of disease which, during the several steps of the operation, had been separated from the surrounding parts. We were, therefore, apprehensive that, if left in that condition, especially as the testicle was much diseased, the process of healing would be much impeded, and perhaps entirely defeated.

By the advice of Professors Baker and Hall, I determined at once to extirpate the whole mass, by cutting across the neck of

the tumour, which embraced the cord and the upper part of the sack. This was accomplished with ease. The vessels of the cord, to my surprise, were found involved in the posterior part of the neck of the sack. I say, "to my surprise," because it will be borne in mind, that the testis was situated above and in front of the herniary sack, a very unusual arrangement of parts in this disease. The mouths of these vessels are accurately represented in the engraving, (Fig. 11,) they being incorporated with the walls of the sack at the lower part.

I cannot account for this arrangement but on the presumption that the cremaster muscle which, in hernia by the oblique descent, is detached from the cord by the tumour, and placed in front of it, must have drawn the testicle upward over the face of the hernia. This would the more readily occur, in this case, because of the existence of hydrocele, for by such a tumour the cremaster muscle would be put upon the stretch, and hence it would firmly brace the tumour against the ring, as is often the case in common hydrocele.

The whole diseased mass being thus extirpated, I proceeded to secure the vessels of the cord, and then to cover the exposed parts by bringing together the integuments with interrupted sutures and adhesive straps.

Although the patient had necessarily been a long time upon the table, and had suffered severely, though with fortitude, yet he did not appear much prostrated by irritation, nor did there at any time occur any considerable degree of constitutional disturbance.

The patient was then placed quietly in bed, an opiate was administered and he was directed to be furnished with the most bland and unstimulating aliments, in small quantities. On the second day there was considerable swelling and hardness in the left iliac region, along the course of the cord, together with symptomatic fever; but there was no general swelling or tenderness of the belly. A cathartic was administered which procured a free and easy evacuation, during the passage of which he was not suffered to rise.

From this time he rapidly convalesced. The wound healed very kindly, by granulation, and there was formed at the ring a firm cicatrix, which, ever since, has been an effectual barrier against protrusions of the viscera. At the end of three weeks he left the house perfectly well, and has ever since remained so, although engaged in laborious occupations.

Description of the Engravings.

Fig. I, is designed to represent the front aspect of the tumour, which was oblong from above downward, and pretty uniformly convex before it was opened. The seat of the testis is marked (1) where an incision was made into the tumour after its removal. It was here also that the elastic swelling was felt, before the operation, and which proved to be the distended coats of the testis and the epididymis.

The cavity marked (2) is the triangular fossa, which was opened at the second stage of the operation, and which was found to contain a fluid. At the place marked (4) the side of the tumour is deficient. It was here that the director was thrust through into the deeper cavity, and the walls divided with the bistoury, inward. The anterior convexity of the tumour is marked (3).

It is to be borne in mind that this whole mass was involved in an external cyst, formed of dense cellular tissue fortified by layers of lymph. It was from this cyst that the water gushed in the first stage of the operation.

Fig. II. Exhibits the posterior aspect of the tumour. The testicle (1) is seen in the upper part, the cavity in which it is lodged being that of the tunica viginalis greatly distended and thickened, so as to retain this form in the preparation. The part of the testis here seen is that which usually presents downward and forward. The epididymus is in front. The cavity marked (2) is that of the herniary sack. Its margin, below, shews the orifices of the vessels of the cord. They are passing beneath the tumour to ascend over its anterior face and reach the epididymis.

The drawings were accurately taken from the preparation which is in my possession. They are, however, on a reduced scale. The preparation measures, vertically, five inches—horizontally, three.

ART. II.—*On the Influence of Heat and Cold in the production and cure of disease.*

On this topic we by no means design to furnish a complete and systematic treatise, but rather to call the attention of the profession to certain points which we think have not been sufficiently adverted to, and especially the remediate agency of Heat and Cold in the treatment of disease. The disorganizing effects (burning and freezing) of these agents we shall not discuss, but confine our remarks to their less intense and more general influence on the nervous and vascular systems.

The agency of atmospherical vicissitudes, in the production of disease, has long been correctly estimated. In the etiology of almost every disease, and by almost every writer, they are accused as either the predisposing or exciting causes. But agents which exercise so powerful a controul over the living system in exciting disease must, when properly directed, be often equally efficacious in allaying it. Almost all the valuable remedies which we employ are powerful poisons, and when wisely directed, they are active and powerful in the cure of disease, in proportion as they are, at other times, violent and destructive. Such remedies supplant disease by creating a new morbid excitement, which is inconsistent with the former, more powerful than it, and at the same time under the controul of the powers of life.

From analogy, then, we should infer that heat and cold, so powerful in the production of disease, may often be trained to

act powerfully as remedies in obedience to the directing hand of the physician. But first—what is the modus operandi of vicissitudes of temperature in producing *disease?*

Heat is the most common and necessary of all the stimuli which operate on the vital qualities of the organs to produce the active phenomina of life. Every form of animal and vegetable life seems to be, indeed, the indirect offspring of solar heat. Where the beams of the sun reach the earth with unremitting intensity throughout the year, there its vital products are the most varied and abundant; but where its rays are absent for long periods, both animal and vegetable life are languid and brief. The best illustration of the influence of heat upon the *vis insita vitalis* is seen in the process of incubation. Here the vital principle is perfectly dormant, and would remain so until it perished, but for the influence of heat, which immediately rouses it to action.

That the living system may never be deprived of an agent so necessary to the vital functions, it is generated within the body itself: indeed it is vital heat alone which acts upon the living tissues and very rarely are they ever stimulated by artificial heat, or the heat of the sun and atmosphere. Has this external heat, then, no influence on the living system? It does exercise an important and constant one, but it is for the most part negative and indirect. The presence of external heat, merely prevents the escape of the vital heat and causes it to accumulate till, perhaps, the body becomes greatly oppressed with it. The living system has the power of resisting the entrance and accumulation of external heat in a surprising degree. So long as the vital functions are unimpaired, the general temperature of the body is never raised above ninety-eight degrees, although it be immersed in a medium many degrees hotter than itself. Even an egg has this power in some degree, and so also have plants. It is unnecessary to particularize the numerous experiments which have been made in relation to this subject.

When the body is placed in a cold medium, there is still as much heat generated as before, and probably more, but it passes

off so rapidly that its stimulating influence is insufficient, and action is diminished. The system is by no means so capable of resisting the declension of temperature below the vital standard, as it is its rise above it. It is true that the temperature of the deeply seated vital organs will remain uniform, because, before all the other organs are chilled, life will be extinct. The surface and members, however, become cold, and their vital powers dormant. This diminution of temperature is not confined to the surface. Sometimes a portion of a limb is deeply frozen, and yet, if the proper means be employed, its vitality is restored and its integrity preserved. Now, in such a case, the temperature of the part must slowly sink from 98° to 32°. It it is certain, then, that the temperature of the living system is very often in some degree depressed below the standard of vital heat.

It appears, then, that the living system is far more capable of defending itself against excessive heat, than against excessive cold; for although some parts of the body very often sink much below the temperature of 98°, yet they never rise above it.—Hence, undoubtedly, it is, that cold is, far more frequently than excessive heat, the cause of disease. This is also in part to be accounted for by the fact that the temperature of the atmosphere is very rarely as high as that of the human body, but often ranges far below that point. Another reason too is found in the fact, that far the most sudden changes of atmospheric temperature are from heat to cold. The recurrence of warmth is always much more gradual, and is therefore less felt. The phrase "to take cold" is very common, but no one complains of having "taken heat."

Heat being the natural stimulus of the body, and that without which the vital functions cannot be exercised, it seems very surprising that cold, or the mere absence of heat, should have been regarded by some as an excitant. Such a belief appears to have been suggested by the corroborant effect which sometimes results from the sudden abstraction of redundant heat from the body. Over-stimulation by heat must, of course, pro-

duce indirect exhaustion and the loss of tone, and, consequently, the diminution of such heat will remove a debilitating influence, and thus preserve the powers of the system; but in no sense whatever can cold be regarded as a stimulus. The nature of its influence will be better understood as we proceed.

As the tissues of the body have both vital and physical qualities, it is obvious that heat must operate upon them both vitally and chemically. The irritability of the system is chiefly resident in the nerves, and, consequently, the vital influence of this agent is manifest in the increase of nervous excitement. Any excitation of the nervous system will necessarily accelerate action in all the organs, and thus we have an increased developement of vital phenomena. But if this excitement be long continued, or excessive, the organs become fatigued and no longer obedient to the influence of the nerves. We then have nervous excitement with general lassitude of the muscular and other tissues. This is the prevailing temperament of warm climates. The excitability of the nerves does not seem to be exhausted by the continued influence of heat, but is rather increased by it, because the nerves are not weakened by the physical effects of heat as we shall presently see the muscular tissue is. *Frigus nervis inimicum* says Hippocrates—meaning that cold diminishes the energy of the nerves, while heat increases it.

Hence it is that diseases, in which morbid nervous excitement plays a conspicuous part, are mostly those of warm climates, as, for instance, tetanus, chorea, hysteria, &c. &c. Hence also one reason why this class of diseases is more incident to females, whose bodies are more influenced by artificial heat than those of males.

But the chemical influence of heat is more remarkable in its action on the muscular system. We very well know that heat expands all bodies, and that its abstraction, or cold, causes all bodies to contract to an indefinite extent. The material of the living system is not exempt from this law. When, therefore, the body is operated upon by an increased degree of heat, all its tissues are expanded. Those which have a contractile property

(the muscles) will have their particles in some degree removed from each other, and hence their vital and cohesive attraction will be diminished. Necessarily, then, their denseness and strength of fibre will be diminished. It is probable, also, that this effect on the muscular system is, in part, owing to the influence of heat on the vital qualities of the muscles. Be this as it may, there is no doubt that excessive heat attenuates and weakens the muscular fibre, and diminishes the energy of all those organs which are essentially muscular.

Cold, on the other hand, condenses the contratile tissues, by bringing their particles into closer contact with each other, thus increasing the tone and rigidity of their fibres. The cohesive and vital attraction of the constituent parts is thus increased. This, however, is probably altogether a physical effect, for if heat be a stimulus, and this we cannot doubt, its diminution can certainly be nothing else than the diminution of a stimulus.

When, however, the system has been over-stimulated by heat, and has become physically relaxed by it, the abstraction of that excess of heat will exercise an invigorating influence, for two reasons. First, it will check the exhaustion of vital power which results from too much excitement, and thus obviate the indirect debility which will have been produced; and secondly, it will condense and give physical firmness to the contractile tissues. Indirectly, then, cold certainly is, in this way, a powerful corroborant. We shall presently discover also, that it often, by an indirect agency, exercises an invigorating influence on the vascular system.

The texture of the extreme vessels is probably essentially muscular. At least they possess contractility in a high degree. We expect, therefore, to find them influenced by vicissitudes of temperature in the same manner as are the muscular organs generally. Many of the extreme vessels are so situated as to feel sensibly the alternations of heat and cold. Those of the skin and the extremities are thus exposed, and, as they are but parts of the general system of the circulatory organs, all of which

must be dependant upon each other, the general function of the circulation must be much effected by the agents of which we are treating. When the body is subjected to the influence of a warm atmosphere, the fibre of the vessels will become relaxed; they will then yield to the *vis a tergo* of the heart, and their calibre will become increased. The quantity of blood, then contained in the capillary vessels, will become greater than ordinary. The action of the heart is, by the stimulus of heat, at the same time increased, so that, for a time, there occurs no stagnation of the circulation. But at length the blood, being in part withheld from the circulation by lingering in the dilated capillaries, and the heart not feeling its usual stimulus of distension and being wearied by the nervous excitement which heat produces, the balance of the circulation is disturbed. A great part of the blood becomes stagnant in the small vessels, and is withheld from the general circulation. Congestions, hemorrhages, varicose swellings, local inflamations, and watery effusions, are liable to occur.

But when, after the relaxing influence of heat on the surface and the extremities, the body is exposed to the impression of a cool atmosphere, the vessels of those regions are constringed. Their vital contractility, aided by the tone which they thus acquire, acts with vigor upon their contents, and they are sent back upon the heart, great vessels, and capillaries of the deep regions. The heart distended by the blood which is thus returned to it, is roused to more vigorous contractions, and thus the circulation is every where accelerated, and none of the blood is withheld from the circulation. Thus does cold, or the abstraction of heat, indirectly invigorate the living system.

But if the cold be intense or long continued, the vessels of the exposed parts become too much constringed; they become so rigidly contracted as not only to expel their contents, but to refuse receiving the blood that is sent to them from the hea and especially because the whole system feeling the frigo influence, the heart does not drive its blood to the surfac its accustomed energy. The result will then be that

face and extremities will become exanguious—the blood will accumulate in the great veins near the heart, and in the vascular tissues of the organs which are deeply seated and protected from the influence of external cold.

The skin is an extremely vascular tissue; no part of it can be pierced without the effusion of blood. The quantity of this fluid contained by the skin, at ordinary temperatures, is very great. Consequently, when it is made to recede from the surface, and, together with it, that of the extremities, it must be poured upon the deep-seated organs in such quantity as to engorge their vessels, interrupt their functions, create venous congestions, effusions, inflammations, morbid nutrition, &c. Whatever deep-seated organ may be at the time pre-disposed to disease, its vital powers feeble, and its vessels relaxed, will especially suffer from this unequal distribution of the fluids. Sometimes this organ is the brain, and then there result cerebral congestions, hemorrhages, effusions or inflammations. Sometimes the lungs are the centre of fluxion, and hence arise disorders of respiration, pleurisy, pneumonia, &c. &c. Occasionally the liver suffers in the same manner, and sometimes the mucous lining of the stomach and the intestinal canal, gastritis, dysentery, cholic or cholera morbus being produced. The effect, however, is undoubtedly in part owing to the impression made on the nerves, of which we shall speak in our next number.

It will be perceived, that we adopt, in relation to the succession of morbific causes and their effects, the opinions of Dr. Armstrong. The theory of Dr. Cullen is also similar, in many particulars, to the rationale which we have given. A spasm of the extreme vessels is certainly produced by cold, and then the train of phenomina is very similar to that described by Dr. Cullen. We do not, however, see the necessity of resorting to that vinculum of broken logic, a *vis medicatrix naturæ*. The train of causes and effects which results, seems to proceed in a necessary and very intelligible order.

It is probable that in the general circulation there is constantly taking place a kind of vibration between the heart, great vessels

and viscera on the one hand, and the capillaries on the other. Even slight impressions of cold on the surface cause the blood for a time to recede, and to fall upon the heart and viscera. The heart then re-acts, being stimulated by distension, and by its energetic effort drives the blood again into the capillaries and rouses them to the exercise of their functions. So, also, heat, when applied to the surface, causes all the vessels of the skin to become dilated and full; thus deriving blood from the great vessels, and relieving them of what may have been an oppressive load, if the surface has been for a long time constricted.

Alternations of heat and cold, then, and the vicissitudes of excitement which they produce, are by no means injurious to the vital functions, but highly salutary, the heart and the capillaries being alternately relieved of the burden of their functions and again excited by the rush of blood. There is undoubtedly a sort of tide, or flux and re-flux of this kind, perpetually going on between the centre and the surface. In the morning, when the atmosphere is cool, and the body is uninfluenced by the various causes which create excitement, the surface is pale and the vessels contracted. The pulse, too, is smaller than at other periods. During the day, vital heat is increased by exercise; the surface of the body, also, is exposed to a warmer atmosphere. Then the capillary vessels become dilated and engorged, and the blood is in part withdrawn from the heart and great vessels, and accumulated in the skin and extremities. It was undoubtedly this flux and reflux of the blood between the surface and the centre, which induced the ancients to believe, that the only circulation of the blood consisted in its flowing from the heart to the surface by day, and returning at night.

The changes of temperature, which occur more or less in all climates, are, in this way, when not extreme, exceedingly salutary to the vital functions, and not, as is the vulgar belief, generally injurious. The impression of a cool atmosphere on the surface, when not too long continued, is precisely that of a cold bath, and like it produces a re-action on the part of the heart

which, indirectly, even accelerates the circulation in the capillaries on the surface. When the body is confined to a temperature perfectly uniform, the circulation is observed to become sluggish, especially in the capillaries. There are then wanting those periods of excitement which rouse the energies of the organs, and, by opportune exercise, increase their powers.

(*To be continued.*)

Adversaria.

ART. I.—*Description of an instrument for seizing wounded arteries, in the application of the ligature, by the Editor.*

We are often compelled to apply a ligature to a bleeding artery without adequate assistance, and almost every surgeon has undoubtedly experienced the want of an instrument which may, of itself, retain firmly its hold upon the artery, when we have once seized it, until the ligature can be applied. Even when we are assisted, unless the assistant has some tact in the application of the ligature, we could, with such an instrument, apply the thread to small arteries with more precision without aid than with it.

Surgeons, aware of this, have employed a spring-forceps with a slide attached to the blades, in such a manner that when it is pushed up, towards the points, it will press together the blades and keep them thus fixed. This instrument is generally found in our amputating cases. There is this objection to it, however; in order to make it hold the vessel, the surgeon must, when he has seized the artery, use the other hand to push up the slide. In bringing the other hand to his aid, he almost always disturbs that which holds the instrument; and when he pushes the slide, he is liable to pull the forceps so forcibly as to disengage it.

The instrument which we use is so contrived as to obviate those difficulties. To one of the blades a spring is attached, at

right angles. This has a catch upon one side, and it passes through a hole in the opposite blade, to such an extent that, when the blades are pressed firmly, the catch will slip over the edge of the hole and confine the blades in that position. They may, however, have their points brought in contact without pressing the spring through so far as to catch, so that the operator may first ascertain whether he has seized the artery, and then, without moving the fingers in the least, press the blades more firmly, and it is instantly fixed. He may then suffer the forceps to hang by the artery which, by the weight of the instrument, will be dragged out sufficiently to admit of the convenient application of the thread.

This instrument is also peculiar in another respect. Every one who has often used such an instrument has, no doubt, been frequently annoyed by the insinuation of portions of cellular tissue between the blades, in such a manner as to press the points apart at the instant that he wishes to secure the artery. To obviate this I have had a triangular opening made in the extremities of the blades, into which any substance will pass which gets engaged in the instrument. The margins of the openings, toward the points, are made rough.

Similar instruments may perhaps have been heretofore contrived —but the one here represented is certainly different from any now in common use.

Art. II.—*Employment of the gum-elastic cathater, or conductor, after the operation of lithotomy.*

Having recently made trial of the above instrument, after performing the operation of lithotomy in the Baltimore Infirmary, we are induced to give a decided opinion against its employment. The case in which it was used, it is true, did well, and the patient has perfectly recovered, but we are satisfied that this would probably would not have been the case had we

persevered in the use of the instrument, as recommended by some of the most eminent surgeons of the present day.

After the patient had been placed in a proper attitude in bed, a large elastic catheter was introduced into the bladder through the wound, for the purpose of draining off the water and preventing its infiltration into the wounded tissues. Scarcely had it been placed there, the point being conveyed, as near as we could judge, just within the cut in the bladder, before the patient began to complain grievously of the annoyance which it gave him. It seemed to create pain by its pressure throughout the whole wound, and also, to provoke the bladder to spasmodic contractions. We adjusted it in a different attitude, but still with no better result. The patient earnestly intreated that we should remove it. We the more readily complied, because it was found that by no means all the urine was conveyed off through the instrument. On its removal the irritation abated.

It is not merely the result of this experiment which induces us to reject the expedient. We are influenced also by the following considerations.

1st. The bladder, we know, is always endeavouring, and often convulsively, to throw off any hard, irritating, foreign substance which may be lodged in it; hence the occasional passage of calculi, and hence the periodical paroxyms of pain in stone. In some instances, when the incision for the extraction of stone has been made, and a stone, or a part of a stone has been left in the bladder, this organ has, by its contractions, in a few hours, thrown off the foreign body. So uniformly and successfully does it make these expulsive efforts, that some of the French surgeons have practised the performance of the operation *en deux temps*, in order, in the extraction of a large stone, or the fragment of one, to avail themselves of these efforts. Certainly then, if the point of a catheter be thrust into the bladder, this organ will be provoked to expel it, and will become irritated by its own efforts to do so. If it does not succeed in pushing it out, this irritation will continue, and if it does, then will the urine no longer flow through the catheter, but this instrument

will, in some degree, obstruct the external opening and render infiltration more certain to take place.

2d. Even if the instrument could be kept in the bladder, certainly not all the urine could flow through it, and if even but one fourth passed along the wound, keeping it always wet with it, the effect would be the same as if the whole passed in that manner—perhaps worse, indeed, because it would be confined in its passage, and forced into the cellular tissue.

3d. There is often discharged from the bladder, after such an operation, a great quantity of sabulous matter which was adherent to the mucous lining of the organ. It is often involved in a kind of slough which the bladder throws off at that time, probably consisting of lymph and mucous, as we have seen in two instances. This cannot pass through the catheter, and if it be confined by the closure of the wound around the instrument, it may give rise to much irritation, or it may become the nucleus of a new calculus.

4th. The external end of the instrument is liable to be disturbed in its place by the dressings, or bed-clothing, so as to occasion mechanical injury within the wound.

Art. III.—*Anatomical Anomaly.*

There is now in the Anatomical collection of the University of Maryland a preparation of femoral hernia, dissected two years since by the editor, in which there is a singular arrangement of the arteries concerned in the relative anatomy of hernia. In the place of the epigastric artery there is nothing but a very small ramulus, totally inadequate to the offices of that organ. The place of the artery is supplied by what is usually the obturator. This artery, in the preparation, arises from the internal iliac, near its origin—runs down across the pelvis, toward the upper part of the thyroid hole—sends a branch to this, and is then reflected directly upward, along the walls of the abdomen, on the inside of the crural ring. The ring, therefore, has an artery on each side of it.

Analytical Reviews.

A Treatise on the Scrofulous Disease, by C. G. Hufeland, Physician to the King of Prussia, &c. translated from the French of M. Bousquet, by Charles D. Meigs, M. D. member of the Am. Phil. Soc. Phila. 1829.

"When a disease spreads in so frightful a manner as scrofula, —exercises so fatal an influence on the constitution, and is so rebellious against all the resources of art, every philanthropic physician ought doubtless to make it the special object of his study, and to contribute his share of effort to that of his brethren against so terrible an enemy."

The above just remark, from the preface of our author, will vindicate our introducing into these pages a topic which some might regard as a hackneyed theme. Of any one who may be disposed to pronounce it such, I would ask, what is the nature of scrofula?—what are its immediate causes, and what are its remedies? If his reply is complete and satisfactory, then indeed may his investigation cease, and he will have done more for medicine than has ever any one individual.

The truth is that, in relation to this subject, our opinions are unsettled, our pathology wants precision, and our practice is diffuse and uncertain. We do not promise to supply, in any considerable degree, these deficiencies, either from the text of our author or from our own commentaries. Something we may perhaps offer worthy of recollection, but we would not regret our attempt, should we merely awaken attention, keep alive a spirit of enquiry, and thus indirectly aid in approximating the truth.

The appellation of *king's-evil* as applied to this disease is certainly a very just one, if used in a sense somewhat different from that in which it was first employed. It is indeed one of the suite of royalty—the offspring of royal luxury, and of royal oppression. It attaches itself to the two extremes of man's condition—it is the inmate of the palace and of the hovel. It furnishes a community of suffering in which these extremes meet.

"Pallida mors æquo pulsat pede
Pauperum tabernas, regumque turres."

The extremes of luxury and indigence are, in our own country, becoming every day more strongly contrasted—every day, therefore, scrofula is, to us, becoming a disease of more formidable aspect and more frequent occurrence.

The work which we are about to examine was published in Germany some years ago, and on that occasion the prize of the Imperial Society was awarded to it. It has ever since been regarded, on the continent of Europe, as a work of standard merit. It has been neatly, and we doubt not correctly translated.

Sec. I. In this division the author treats of the proximate cause or nature of scrofula, premising, however, some remarks on the functions of the absorbents and on the remote causes of the disease. He states that the absorbents, consisting of lymphatics and lacteals, have for their office to collect and absorb all heterogeneous particles for the purpose of elimination—to free the secretory organs of any excess of their secreted fluid—to take up and translate morbific matter from one place to another—to serve as a highway, open to all those principles which are proceeding to enter into the great circulation—to deprive the organic molecules, which pass through them to be introduced into the body, of their heterogeneous qualities and to confer upon them the character of animal matter. Consequently the absorbents powerfully influence sanguification, nutrition, secretion, the equilibrium of the circulation, and the development of forms.

The contents of the absorbents are chyle, subtle principles taken from the atmosphere, and the refuse matters of the system. These, says our author, should be taken into account in

order justly to appreciate the diseases to which the absorbents are subject. He is so much of a humoralist as to believe, what nothing but prejudice can deny, that the solids and the circulating fluids reciprocally influence each other in health and in disease.

Among the predisposing causes of the disease Hufeland enumerates, 1st, hereditary tendency; 2d, sex and age, the disease being more common with females and children; 3d, weakness of parent, from age, disease, or venereal indulgence; 4th syphilis of parents; 5th, unwholesome aliments, under which head he speaks emphatically of artificial lactation as extremely injurious. Human milk he says is highly vital—that its vitality is lost when it does not pass directly from the breast of the mother to the stomach of the child, without exposure to the air and to spontaneous changes. The child, by sucking, also blends saliva with the milk, and it always receives it of a uniform temperature.—Among injurious aliments are all farinaceous preparations that have not been fermented or well cooked, food that is watery, and too great quantities of food. 6th, Bad air—cold, damp, or foul; 7th, every thing which weakens the digestive organs; 8th, acidities in the primæ viæ; 9th, worms; 10th, the abuse of opium in childhood; 11th, want of exercise; 12th, want of cleanliness; 13th, abuse of heat; 14th, precocious studies; 15th, too early exercise of the sexual organs; 16th, mournful affections of the soul; 17th, abuse of cold.

The exciting causes he believes to be—1st, rapid growth of the body. The development of the organs, at certain periods of life, takes place with extreme rapidity, which, by over-exercising, exhausts the lymphatic system—hence the occurrence of *growing kernels* and of those tumors which often appear at the age of puberty. 2d, The vicissitudes of the reasons. 3d, Mechanical irritations. 4th, Diseases of irritation—such as those of the digestive organs—those of the skin, any affection, indeed, which may disturb the equilibrium of excitement.

In regard to the proximate cause of the disease our author remarks that it consists *in a profound atony, accompanied with*

a specific irritation of the lymphatic system; and in a peculiar alteration of the lymph. The scrofulous taint has its primitive seat in the solids and not in the fluids. Irritation and weakness constitute its compound character. But the proximate cause exists secondarily in the fluids as well as in the solids. The fluids are the natural stimuli of a great many organs, and of the vessels which convey them; many of them are blended with our aliments and resorbed into the system. If, then, the solids, designed for this purpose, cease to form perfect fluids, and cease to purify those which circulate, they must necessarily become crude—irritate the vessels which convey them—morbidly influence the brain, the heart, the lungs, and the stomach—and furnish insufficient materials for healthy secretion. The fluids also have vitality, and they determine the tone and cohesion of the solids. If the fluids be too abundant, then the solids do not act upon them with advantage. Hufeland believes, too, that the lymph may be too thick or too thin, and that at times it is too irritating, being overcharged with alkali or acid.

The lymph is brought into this morbid state by the injurious qualities of aliment, air, &c.; also by a morbid state of the digestive powers, of the cutaneous and pulmonary functions, or by a morbid condition of the secreting organs, or of the nutrient vessels.

The lymph is by, Hufeland, stated to be changed, in scrofula, and the impurity which modifies it is termed the scrofulous virus, or acrimony. All the fluids stimulate the vessels which contain and circulate them. When, as stimuli, their character becomes exalted, they irritate, and then they are said to be *acrimonious.* M. H. does not mean that there is a specific virus circulating in the blood and giving rise to scrofula. The blood may thus become acrimonious by any or all of the causes which we have just enumerated.

This scrofulous acrimony not only irritates the lymphatics, but the nerves, and hence the convulsions of scrofulous patients, —it corrodes bones, and hence caries. When charged with it, the lymph becomes inspissated and less nutritive—acid, and

finally putrescent. Under these circumstances scrofula may become contagious.

We must here take the liberty to demur to some of the propositions of our author, and to dissent from, perhaps the fashionable and, certainly, the ancient doctrine on this subject. If the term scrofula be received in its most comprehensive sense, meaning that state of the system which is sometimes marked by swellings of the glands, sometimes by caries or necrosis of the bones, sometimes by diseases of the cartilages and ligaments, sometimes by chronic inflammation of the eyes, then I say that the lymphatic system has been too much considered in relation to these affections.

Those states of the system which are termed scrofulous, are often unaccompanied with any symptom which indicates a particular derangement of the lymphatics. There are often no swellings of the glands, nor is there any thing in the constitution of the fluids indicating such a fact. For instance, in disease of the knee joint, termed scrofulous, such symptoms are often absent. There is no evidence whatever, that the lymphatics circulate an acrimonious fluid. When Hufeland asserts that in such a case the cartilages, ligaments, and bones are corroded by such a principle, he is altogether hypothetical. Nothing of the kind can be detected either in the blood or the lymph, and, as to the effect, it may be with more propriety ascribed to other causes.

We would be understood to utter no dogmas—let our opinions obtain only so far as they are sustained by facts—but, to us, it has ever appeared far more accordant with what we know of the healthy functions of the human body, to ascribe these morbid phenomina, commonly termed scrofulous, to a disordered state of the general nutrient system—those small vessels which are concerned in organizing the tissues—in effecting their growth and renewal, and consequently in preserving the integrity of every organ. The function of nutrition is the consummation of a whole series of functions—digestion, sanguification, circulation and respiration. What can be more important,

then, in relation to the health and vigor of the whole system? The nutrient system may become disordered in various ways. The fault may be primarily in the stomach, and then, the function of digestion becoming impaired, crude materials will be furnished for the subsequent steps of assimilation. The same may result from disorder in the liver, the lacteal absorbents, or the lungs. Unwholesome aliments, and the excesses of the table will also produce the same effect.

Morbid nutrition may also arise from any of the causes which disturb the functions of the heart and arteries, and destroy the equilibrium of the circulation. So also it may spring from those which operate more directly to exhaust the powers of the system generally, through the medium of the nerves.

When acute disorders assail the system, nutrition, for a time, altogether ceases, and there are, therefore, none of the results of morbid nutrition. But, in chronic affections, nutrition still continues to be performed, although the organs are enfeebled and the fluids upon which they act are crude and unfit. It must happen, then, that the tissues will be imperfectly organized—both their physical and vital qualities will be insufficient. The muscles will become flabby and insensible—the bones will become soft and yielding, or being but little vitalised, will yield to chemical laws and become necrosed or carious. The ligaments will loose their strength and flexibility—the cartilages their elasticity, and perhaps become carious.

These are the direct results which we should anticipate from a disordered exercise of the function of nutrition, and they are those which are commonly regarded as characterising the disease which we term scrofula.

But let us pursue the train of morbid phenomina a little further. Whenever the tissues are imperfectly, organized, or composed of ill-digested materials, the particles which compose them must soon become unfit for the purposes of life, and then must be absorbed—still retaining their crude character; they enter the absorbents and necessarily inflict irritation upon these delicate organs, and upon the glands with which they are

connected. Hence result other phenomina which are regarded as so important in determining the character of this disease. But certainly this derangement of the lymphatic system is nothing more than might rationally be anticipated from long continued disorder of the function of nutrition.

Nature seems to find more difficulty in organizing some tissues than others. Those whose vital qualities are obscure, which are but little vascular, and have but few nerves, are those which are last perfected in the animal œconomy—which resist the encroachments of disease with the least success, and which with most difficulty repair the effects of injuries.

Now we should expect to find that these very tissues would be those which would be first to suffer from the effects of deranged nutrition. Hence, in scrofula, the very frequent occurrence of disease in the bones, ligaments, cartilages, &c.

M. Hufeland next proceeds to detail the symptoms which mark the external character of this disease. In regard to the scrofulous diathesis, or disposition which precedes the developement of local symptoms, he states what by no means accords with that which we have advanced above—what, indeed, we cannot regard as a correct or safe principle. He says that, in this state of the system, the forces of the lymphatics may be regarded as *alone affected*. Now, we believe and strenuously maintain that this diathesis, or predisposition, is nothing more than the deranged state of the assimilating functions which is about to terminate in the train of symptoms constituting scrofula.

Whoever regards the forces of the lymphatics as alone affected in such a case, will certainly not be apt to adopt the practice which, under such circumstances, has always been found the most efficacious, and which consists of remedies addressed to the digestive organs.

The external traits which mark this habit or predisposition are, a short, thick neck; jaws strong and broad; head large; hair light; face slightly bloated; skin delicate, transparent and white; eyes blue and pupils large; upper lips thick; nose swelled, red and shining; flesh flabby; belly tumid.

One of the most remarkable effects of the scrofulous disease is, to retard the developement of certain organs, and hasten that of others. The growth of the teeth, bones, and muscles is slow and difficult. The brain and nerves, and the genital organs, on the other hand, acquire an early maturity; hence scrofulous children are observed to be precocious, fond of intellectual labour, and irresistibly inclined to venereal enjoyments.

Among the ailments connected with the diathesis of scrofula are—frequent bleedings at the nose—frequent colds—catarrhal coughs and impeded respiration—excoriations in the groins and arm-pits—small, scabby pimples of various forms—œdema in various parts—pains along the course of the absorbents—whitish discharges from the vagina.

The stomach is particularly disordered from the beginning. There prevail acidities—stools unnatural in colour, consistence, and odour—appetite irregular, wanting, or morbid—mucus redundant—worms—flatulency, spasms, and cholics.

The scrofulous fever, if the disease progress, soon makes its appearance, commonly in children under two years. It is very irregular in its type and duration—temperature very little augmented, with an evident chill and a slight exacerbation,—stomach and bowels much disordered—wheezing respiration, and pituitous cough.

M. Hufeland asserts that this scrofulous fever is often mistaken for gastric fever, fever of dentition, mesenteric fever, &c. &c. He seems to regard it as arising from the scrofulous acrimony already fully formed, and about to display the more characteristic symptoms of the disease. But to us it appears that these are the more immediate effects produced by a morbid nutrition, and that the degeneration of the tissues, constituting scrofula, has not yet taken place in its fullest extent.

When scrofula is fully formed, the following are its more remarkable symptoms: 1st. Swellings of the lymphatic glands, and especially those of the neck. At first they are moveable, but at length become fixed. Sometimes they assume an enormous size, having been known to weigh ten pounds. These tumours are

divided into internal and external. The external are those which affect the superficial lymphatic glands. The internal are those which affect the glands of the mesentry, the liver, lungs, &c. &c. 2d. Cutaneous eruptions, particularly about the head. 3d. Inflammations in organs which contain many glands. The scrofulous ophthalmia which is seated in the meibomian glands is one of these. 4th. Mucous discharges. 5th. Swelling of the belly. 6th. Scrofulous ulcers. 7th. Lymphatic swellings. 8th. Goitre.

As the disease becomes more virulent and general, that which is termed the period of disorganization comes on. This is characterized 1st, by mesenteric atrophy. 2d. White swellings of the joints. 3d. Spontaneous luxation. 4th. Scrofulous dropsies. 5th. Tubercular consumption. 6th. Changes in the bones. 7th. Scrofulous cancer. "It is not a rare thing," says Hufeland, "to see a scrofulous engorgement pass into the state of scirrhus and even of cancer." 8th. Abdominal consumption. 9th. Rachitism. "The scrofulous taint," says our author, "not unfrequently occupies the bones exclusivsly; we find neither glandular tumours, nor tubercles, nor any of the symptoms that characterize an affection of the lymphatic system; and yet" he says "it cannot be doubted that rachitism derives its origin from the scrofulous taint." What can more strongly corroborate the remarks which we have hazarded in regard to the nature of this disease than this admission of our author? 10th. Nervous affections depending on scrofula. 11th. Cretinism.

The analysis of the remainder of this valuable work, on the treatment of scrofula, we shall reserve for our second number.

Abstract of Foreign Medicine.

PRACTICE OF PHYSICK.

Hydrocephalus Acutus.—M. D. Charpentier, D. M. P. of Paris, is the author of a recent volume of 350 pages, on Acute Hydrocephalus. The object of the writer is to show that, in relation to this disease, the brain itself has been too little regarded, as the primary source of morbid derangement. The fashionable doctrine, as we know, has been of late, that most of these affections arise from gastric irritation, or gastro-enteritis; but the above-named author maintains that the brain is often the organ principally affected, even when, after death, it presents no trace of lesion, the fatal result being produced by irritation in the organ, before inflammation can be developed. We believe that, in this respect, he is certainly correct. Physicians have been accustomed to regard nearly all the diseases of the brain as sympathetic, because the morbid changes which may simultaneously or subsequently take place, in organs that are more gross, are more readily discerned, whereas in the brain a fatal derangement may take place, which, from the delicate structure of that organ, cannot be discerned. In health the brain certainly exercises an influence upon the stomach, as well as the stomach upon the brain. In disease we should expect that they would bear the same relation to each other, and that each would occasionally be the seat of primary derangement.

M. Charpentier informs us that, on post-mortem examination, the surface of the brain very often presents no appearance of disease; but sometimes there is a flattening of the convolutions produced by pressure upon the cranium, by fluids extravasated in the cells of the arachnoid, and by the inflammatory engorgement. This is often seen without any lesion of the membranes. There is often also a softening of the surface of the brain, marked by a dark reddish hue and with points of blood, where the brain adheres to the membranes. The medullary substance is often engorged with blood, which flows from the vessels when cut, and also appears in small points. The brain is also often changed in its consistence, as well as colour, it being sometimes rendered softer and sometimes harder, according to the intensity of the inflammation, or owing to unknown circumstances.

There is often a softening discovered, in the interior of the brain, of the corpus collosum, fornix, or septum—of a reddish, grey or yellowish hue, depending upon a mixture of blood or pus with the white or grey substance. But sometimes the softeniug (ramollissement) is without change of colour. It is always the result of inflammation. Sometimes, in this disease, the volume of the brain is increased. M. C. also enumerates the morbid changes which occur in the membranes. They are those often delineated by other writers.

The principal part of the volume is devoted to the vindication of the claims of the brain to consideration in the primary production of this disease. The author believes that too much regard is paid to the stomach and bowels, as its source, and to inflammation of the arachnoid membrane as its immediate cause.

M. C. has introduced no new remedy, in the treatment of this disease, but claims the merit of originality in the selection and judicious employment of the most energetic means, and in the rejection of many articles heretofore employed, but which are useless or injurious. He asserts, with great confidence, that this disease, so fatal in the opinion of most physicians, is often curable. He condemns emphatically, and without reserve, every form of mercury. This, however, we regard as a characteristic error in the practice of the French. No remediate means appear to us to be more important than mercurial purges, so associated with other remedies as that their cathartic effect shall be certain. We concur, however, in his condemnation of such an employment of it, as shall create the mercurial excitement.

In blood-letting he places the same confidence as do other writers on this subject, preferring generally to abstract it by leeches over the region of the stomach. But the distinguishing trait of his practice is the very energetic and early employment of revulsive measures. It is not, he says, by one or two blisters that this indication is to be answered, but by an uninterrupted succession of these topical irritants, the energy of which must correspond to the violence of the disease. They should be first applied to parts remote from the seat of the disease, gradually ascending, in their application, toward the head—first, two to the legs; then, two to the thighs; next, two to the arms and lastly, one to the neck. In mild, incipient, or doubtful cases, he would first employ semicupia, rendered stimulating by mustard or salt—cataplasms of mustard—frictions with irritating substances, &c.

We would enter our *caveat*, (together with that of M. Boisseau, who reviews the work in the Journal Universel,) against the employment of so severe vesication in any but such cases as are attended with extreme torpidity of the surface and extremities. We are persuaded, however, that, when applied to the extremities, they are more effectual as revulsants, than when applied near the head.*

Tetanus.—Lisfranc has recently reported a case of this formidable malady, successfully treated by copious bleeding, and the use of opium. This occurred in an individual of twenty-five or thirty years, and appeared to have been produced by great muscular exertion. There were pains in the spine, trismus, emprosthotonos. The treatment occupied nineteen days, and the disease did not in the least yield till the ninth. The patient was bled eight times from the arm—four of which were on the first and second days after his admission. The quantity taken was about a pound at each bleeding. Near eight hundred leeches were applied to the region of the spine. Two or three warm baths were employed. Every day, morning and evening, an injection was administered, containing, at first, twenty-five drops of the tincture of opium, but this was gradually increased to one hundred and five. Very little prostration of strength resulted from the copious depletion.†

Cerebral and Spinal irritation.—On this subject Dr. Darwall of Birmingham has recently published judicious remarks, in which he maintains that the brain and spinal marrow are too often regarded as secondarily affected when perhaps they are the primary source of mischief. This has probably arisen from the fact that, the extreme delicacy of structure in their organs, the obscurity of their functions, and insidiousness of their derangements, baffle our senses, while the disorders of structure and function are far more obvious in other tissues. But organic disease is preceded by functional, and functional disease, in its propagation from organ to organ, follows the order of the vital influences. Now, the brain is often the source of vital impulses, though it is re-acted upon by all the organs which it influences. The brain and spinal marrow, then, must often be the source of disease. There morbid influences often produce, not only functional, but organic disease, in remote organs.

*Journal Universel. †Journal de progres.

Dr. D. thinks then, that practitioners, in incipient diseases of organs which, particularly, reciprocate influences with the brain, should always have an eye to the latter organ and its appendages. Dyspepsia disturbs the brain, and disturbance of the brain, from mental or other causes, produces dyspepsia. The same remark is applicable to the diseases of other organs. These affections should be treated by first obviating the causes of cerebral disturbance, and then applying counter-irritants opposite to the roots of the nerves which supply the organs, in which the morbid manifestations occur. To these organs the usual remedies are to be at the same time addressed.

Remediate effects of Iodine.—We learn from Johnson's journal, that Dr. Baron of Gloucester has recently published certain valuable notes on the uses of Iodine. This gentleman has treated abdominal dropsy with success, even after paracentesis, by the long continued inunction of the unguent of Iodine. Rhubard, taraxacum, blue pill, squills and nitre were conjointly employed. In one case an enlargement of the liver was greatly reduced. The Dr. has also dispelled enlargements of the mesenteric glands, chiefly as he thinks, by the agency of this article. He is sanguine, too, that tubercles of the lungs, which resisted other remedies, have been dispersed by the conjoined use of Iodine. He has, also, used it with success in the treatment of abdominal tumours.

Dr. Johnson remarks that, "this most powerful of all "absorbents" or stimulants of the absorbents, will probably come into much more extended use than at present—and for many other diseases than those to which it seems now applicable. We are informed, by a respectable practitioner, that he finds the tincture of Iodine a most powerful expectorant, in those cases where expectoration is desirable, as in pneumonia, asthma, &c. This hint may be worth attending to."

Remarks on diseases counterfeiting inflammations of internal organs.—In the October number of Johnson's Journal, Mr. George Newstead states that "a number of cases have occurred in his practice during the last three or four years which, with all the external characters of active inflammation, have not been relieved by bleeding, and in fact could not bear it, to any great extent." They generally assumed the form of pleuritis, ushered in by chills, pain in the back, and vomiting—tongue typhoid—pulse somewhat accelerated—urine scanty, with sediment. Sometimes it terminated in three or four days with copious sweating—sometimes in ten, with bloody expectoration. Syncope was quickly produced by bleeding. Some of the cases simulated peritonitis. Very generally there was soreness in many parts of the body. The thighs, arms, &c. were tender to the touch, as in rheumatism. This symptom and the scantiness of urine the writer has seized upon as the diagnostic traits of the disease. The state of the bowels varied—frequently diarrhea came on, with green stools, or a discharge of bloody mucus, but this may have been the effect of calomel. Three cases were fatal, and in two of them bleeding was freely practised. Mr. N. states that, in the treatment, his reliance was chiefly upon opium and calomel, or mercurial frictions.

Dr. Johnson states that "there has been some peculiar constitution of the air, or rather of the earth, during the last four years, which has induced a host of anomalous diseases, imitating inflammatory affections, and leading to most injurious practice."

Duodeno-hepatitis caused by the effluvia of dead bodies—We translate and condense, from the July number of Broussais' Annales de Medecine Physiologique, the following notice, by M. Duplan, of the above-named affection. The body of a female, who had died very suddenly, and in whom putrefaction had occurred very rapidly, was opened by M. D***. The brain and the organs contained in the thorax were sound. The stomach was very much distended with gas—its lining membrane loaded with mucus, and covered with inflamed

points—black near the pylorus. The mucous membrane of the duodenum was gangrenous. The mucous and serous coats were also affected with a high degree of inflammation. The liver was enlarged, soft, and traversed by vessels distended with black blood. The gall-bladder was half full of dark, green, viscid bile.

M. Duplan was perfectly well when he performed the dissection. The next day (July 27) he became unwell, with loss of appetite, listlessness, and drowsiness. He attended to business, however, as usual, ate sparingly, went to bed at 6 o'clock in the evening and slept till 2, when he was roused with a severe cholic, accompanied with borborygmi, and an urgent desire to go to stool. Before 6 in the evening he had had 150 evacuations, all very copious (cent cinquante, toutes fortes copieuses) and consisting of yellow bile—thick and full of froth. On the 29th he had 18 evacuations, and without griping—on the 30th he had only 5. By these evacuations he was rendered so feeble as to be unable to speak.

The treatment (here comes the mouse) consisted of *lint-seed poultices to the belly—barley water, and low diet.* Wretched imbecility! Had this case of cholera—instead of being subjected to this wishy-washy practice—been treated liberally with calomel and opium—had sinapisms been applied to the abdomen, the feet and legs been plunged in warm water impregnated with mustard, and measures been taken to divert the circulation to he surface generally, by heat and other revulsives, this patient would, in all probability, have been relieved in 2 hours.

Broussais tells us, in relation to this case, that all septic, or putrefactive poisons, in whatever manner they may enter the system, tend to irritate the stomach and intestines, and to provoke copious evacuations of bile and mucus. Now, in this instance, the exhalations from the cadaver operated on the system through the lungs, to produce these effects—or, perhaps, the extreme heat of the weather may have been the more important cause. We should say that the latter was the predisposing cause, the former the exciting one. M. B. true to his principles, also declares that, had this case, instead of being treated *thus judiciously*, been treated with vomits, antiseptics and irritants it would have resulted in formidable typhus. This, however, would *not* have been the practice of those whom he so courteously styles empyrics.

Iodine in the treatment of Rheumatism.—From Broussais' Annales, we also learn, that Dr. Maury, of the Hospital Saint Louis, has employed Iodine with success in two cases of rheumatism which had resisted the means usually employed in such cases. The article appeared to exercise a prompt influence in dispelling the swellings of the joints.

Apoplexy.—The observations of M. Flourens go to show that there are two varieties of apoplexy—the superficial, affecting the surface of the brain, and the profound, affecting its interior. Each of these, he says, is characterized by distinct symptoms. In the profound apoplexy there is a complete abolition of muscular power; but in the superficial there is merely a want of energy, and irregularity of motion. The deep apoplexy is always accompanied with the superficial, but the latter is often unaccompanied with the former, of which it appears to be merely the first degree. The object of the physician, then, should always be to prevent the superficial or incomplete from becoming the complete.

In the deep apoplexy M. Flourens has always found that the extravasation took place in a cavity within the organ. In the superficial, on the contrary, the surface of the organ was alone affected, presenting a reddish hue, and a great number of red points and lines scattered over almost the whole surface.

[*Bulletin des Sciences Medicales.*

Ice to the epigastrium in the painful paroxysm arising from gall-stones in the ducts of the liver.—M. Bricheteau, M. D. publishes several cases in which the application of ice to the epigastrium appeared to exercise a prompt and energetic influence in alleviating the distressing symptoms of this severe malady. Dr. Johnson, from whom we receive the fact, remarks, that this form of biliary obstruction is by no means so common as is imagined, paroxysms of extreme pain in that region being often mistaken for it. He judiciously states that we have strong reason to presume, that spasmodic affections of the stomach itself—of the diaphragm—and perhaps of other contiguous parts, where muscular fibres exist, are capable of inducing all the phenomena usually seen in the attacks under consideration, excepting jaundice. The more important part of the treatment, he says, is the prevention—for, during the paroxysms, we can do little more than exhibit anodynes. The prevention may always be effected by plain and abstemious diet—by regular exercise, and by bitter aperients, that merely act once in the 24 hours. By these means he has, in numerous cases, removed the tendency to these periodical attacks, after the habit has been long established, and the general health very much deteriorated.

Curious case of masked ague.—A young female, subject to general malaise, for some years, was at last attacked with an intermittent which was remarkable in the length of its periods, occurring, at first, once in three weeks—then once in two, but finally once in eight days. The precursory phenomenon was a swelling of the hand, lasting two days, followed by colic, head-ache and fever. The paroxysm then occurred with a violent rigor, and went through with all its usual stages. It was cured with sulphate of quinine.

[*Bibliotheque Medicale.*

Immediately previous to the commencement of the present course of lectures in the University of Maryland, it was publicly announced that Dr. John D. Wells was appointed to discharge the duties of the Anatomical chair, for the winter. We have heard, with extreme pleasure, the warm and unreserved expressions of satisfaction uttered on every side, in relation to this appointment. The candidates of the present year, at a recent meeting, have *unanimously* expressed the high estimation in which they hold the talents, learning, and eloquence of Professor W. and have declared their earnest desire that he may become permanently connected with their Alma Mater. The Medical Faculty of the Institution have promptly, and with perfect *unanimity*, resolved to recommend him to the Board of Trustees, as a gentleman eminently qualified to occupy this important station. We congratulate the friends of the Institution on the probable acquisition of an individual, who brings to it uncommon and universally acknowledged talent and worth.